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FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42644
10665

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10665	
1. PLACE OF DEATH a. COUNTY <i>Mo. Baptist Hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE _____ b. COUNTY <i>2127</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis - Mo.</i>		c. LENGTH OF STAY (in this place) <i>20 yrs.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis - Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>919 N. Taylor Ave.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo Baptist Hospital</i>							
3. NAME OF DECEASED (Type or Print)		a. (First) <i>William</i>		b. (Middle) <i>Nail</i>		c. (Last) <i>Murray</i>	
4. DATE OF DEATH		(Month) <i>Dec.</i>		(Day) <i>13</i>		(Year) <i>1960</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Aug. 12 - 1880</i>	
9. AGE (In years last birthday) <i>70</i>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Draperies</i>		11. BIRTHPLACE (State or foreign country) <i>Glasgow - Scotland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>James Murray</i>		13b. MOTHER'S MAIDEN NAME <i>Catherine Brownlee</i>		14. NAME OF HUSBAND OR WIFE <i>Jean Murray</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>466-05-2658</i>		17. INFORMANT'S SIGNATURE, OR NAME, ADDRESS <i>Lewis L Manning, 6175 Delmar Ave. St. Louis 14</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Embolus & aneurysm</i>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i>							
DUE TO (c) <i>Nephritis - Glomerular</i>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H201</i>			
22. I hereby certify that I attended the deceased from <i>Dec 1</i> , 19 <i>30</i> to <i>Dec 13</i> , 19 <i>60</i> , that I last saw the deceased alive on <i>Dec 13</i> , 19 <i>60</i> , and that death occurred at <i>8:50 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Miss R. M. D. O.</i>				23b. ADDRESS <i>1918 East Lucas</i>		23c. DATE SIGNED <i>Dec 14, 1960</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>		24b. DATE <i>14 Dec. 1960</i>		24c. NAME OF CEMETERY OR CREMATORY <i>VALHALLA</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL OFFICE <i>Dec 14 1960</i>		REGISTRAR'S SIGNATURE <i>J. B. Laster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander & Sons</i>		ADDRESS <i>6175 Delmar</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision:

No Embalming

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.